

**PARENT/GUARDIAN PERMISSION AND NOTIFICATION FORM**  
**17 yr. old and 18 yr. old Student Poll Worker Application**  
**Voluntary Off-School Site Election Activity**

The purpose of this form is to inform you, as a parent/guardian of a voluntary off-school site activity that will take place and to secure your authorization enabling your son/daughter to participate in this activity. STUDENTS SHOULD MAKE SURE THAT AFTER-SCHOOL EMPLOYERS, TEAM COACHES OR OTHER RELEVANT PERSONS ARE AWARE THAT THEY WILL BE WORKING AT THE POLLS ALL DAY AND EVENING ON NOVEMBER 4, 2008.

**Please print all information and sign where noted in ink.**

School District \_\_\_\_\_ School Building: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Social Security # \_\_\_\_\_ (REQUIRED FOR PAYMENT PURPOSES ONLY)

Political Party Preference (Democrat or Republican): \_\_\_\_\_ (REQUIRED FOR PLACEMENT)

Date of Birth: \_\_\_/\_\_\_/\_\_\_ US Citizen? \_\_\_Y \_\_\_N

Registered Voter? \_\_\_Y \_\_\_N (VOTER REGISTRATION CARD REQUIRED EVEN IF 17 YEARS OLD)

**My signature below indicates that I meet these criteria:**

- Student in good standing      Enrolled in the senior year of high school      Will attend training session  
**Commit to be at the polling location until dismissed by the presiding judge, likely to be a very long day, from 5:30 a.m. to 8:30 p.m. or later.**  
**I have informed my teachers, coaches, and employers of my commitment; I have my own transportation; and I have entered it on my calendar.**

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Event Information**

Date: **Tuesday November 4, 2008** Start time: **5:30 a.m.** End Time: **8:30 p.m.**

Nature of Activity: **Serve as Poll Worker on Election Day within Clinton County.**

Location: **Polling place (Exact location to be specified at a later date.)**

Dress: **Business casual or School Spirit Wear** Drinks/Meals: **Not provided**

**\*STUDENTS ARE ENCOURAGED TO BRING A BAG LUNCH AND WATER\***

**For additional information call: Clinton County Board of Elections, Betsy Hart/Joy Ames 937-382-3537**

**School Official Verification**

Student is High School Senior? \_\_\_Y \_\_\_N

This student will be excused for this absence in accordance with ORC 3501.22(c)(4).

Faculty Member Sponsor: \_\_\_\_\_ Signature: \_\_\_\_\_

**Parent/Guardian Permission**

I have reviewed and understand the conditions of the voluntary off-site activity described and give my consent for my child to participate. I understand the location of this off-site activity will be at a polling place within Clinton County, within our city or nearby. I agree to the release of telephone numbers and email addresses of this student strictly for purposes relating to the election. **I UNDERSTAND THAT MY STUDENT MAY PARTICIPATE ONLY IF ALL INFORMATION IS COMPLETED ON THIS FORM.**

**Signature of Parent/Guardian:** \_\_\_\_\_

Address: \_\_\_\_\_

Telephone numbers-Daytime: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell \_\_\_\_\_